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CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

FILED
IN CLERK'S OFFICE
US DISTRICT COURT E.D.N.Y.
★ DEC 22 2014 ★

BROOKLYN OFFICE

GLEESON, J.
BLOOM, M.J.

Nagibe AL-haj
Full name of plaintiff/prisoner ID#

Plaintiff,

JURY TRIAL DEMAND
YES _____ NO ☒

-against-
Kitby Forensic Psychiatric Center

Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

Defendants.

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No ☒
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district;
if state court, name the county)

3. Docket Number: _____

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4. Name of the Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: Wizby Forensic Psychiatric Center
600 E 125th St NEW YORK NY 10035

A. Is there a prisoner grievance procedure in this institution? Yes () No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes (✓) No ()

C. If your answer is YES,

1. What steps did you take? Spoke to my lawyer
and the hospital dietician. Also
spoke to the e.mam.

2. What was the result? Nothing. They said they
can not afford this type of meal (Hallel)

D. If your answer is NO, explain why not _____

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No ()

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Nagibe Al-Haj
Address K.F.P.C Wards Island NY 10035

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

Kirby Forensic Psychiatric
Center Wards Island N.Y
10035

Defendant No. 2

Defendant No. 3

Defendant No. 4

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

I have been incarcerated at Kirby Forensic Psychiatric Center since June 20, 2012. I am a religious Muslim and require Halal food. I have requested repeatedly for Halal food. I still am not receiving it.

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I am being denied my right to practice my religion. Islam requires me to eat Halal food. I cannot properly practice my religion.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

I would like monetary damages for all the time I have not received Halal food. I would also like to begin receiving the Halal food my religion requires.

I declare under penalty of perjury that on 12/18/14, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 18th day of December, 20 14. I declare under penalty of
perjury that the foregoing is true and correct.

Sworn to me
this day Dec. 12, 2014
DINA TULL

DAVID TULL
NOTARY PUBLIC, State of New York
No. 02TU6110074
Qualified in Kings County
Commission Expires May 24, 2016

Nagibe Al-Haj
Signature of Plaintiff
Kirby Forensic Psychiatric Center
Name of Prison Facility
600 East 125th St.
Wards Island NY 10035

Address

Prisoner ID#